Northern District of Ohio			
Joanne Grace	) ) )		
Plaintiff(s) v.  Steward Health Care System, LLC	Civil Action No.		
Defendant(s)	)		
SUMMONS IN	A CIVIL ACTION		
To: (Defendant's name and address) Steward Health Care Syst 1900 N Pearl St #2400 Dallas, Texas, 75201	em. LLC		
A lawsuit has been filed against you.			
are the United States or a United States agency, or an office	<i>w</i> Firm		
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.		
	CLERK OF COURT		
Date:	Signature of Clouk on Domitic Clouk		
	Signature of Clerk or Deputy Clerk		

Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (nam	ne of individual and title, if any)			
was re	ceived by me on (date)				
	☐ I personally served the summons on the individual at (place)				
	on (date)  I left the summons at the individual's residence or usual place of abode with (name)  , a person of suitable age and discretion who residence on (date)  , and mailed a copy to the individual's last known address; or  I served the summons on (name of individual)  designated by law to accept service of process on behalf of (name of organization)				
	☐ I left the summons				
		, a person	of suitable age and discretion who res	sides there,	
	on (date)	, and mailed a copy to t	he individual's last known address; or		
	☐ I served the summo	ons on (name of individual)		, who is	
	designated by law to a	accept service of process on beha	lf of (name of organization)		
			on (date)	; or	
	☐ I returned the summ	nons unexecuted because		; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty	of perjury that this information	is true.		
Date:					
Dute.			Server's signature		
			Printed name and title		
			Server's address		

Northern District of Ohio
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Joanne Grace	) ) )
Plaintiff(s)  V.  Steward Health Care System, LLC	Civil Action No.
Defendant(s)	) )
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address) Steward Health Care System c/o CT Corporation System 4400 Easton Commons W Columbus, Ohio, 43219	m, (reg. agent)
are the United States or a United States agency, or an office	w Firm
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	e entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date:	Signature of Clerk or Deputy Clerk

Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

was re	This summons for (name ceived by me on (date)	ne of individual and title, if any) .		
	☐ I personally served	the summons on the individual at	(place)	
	☐ I left the summons at the individual's residence or usual place of abode with (name)		; or	
	☐ I left the summons			
		, a person	of suitable age and discretion who res	sides there,
	on (date)	, and mailed a copy to th	e individual's last known address; or	
		ons on (name of individual)		, who is
	designated by law to	accept service of process on behal	f of (name of organization)	
			on (date)	; or
	☐ I returned the summ	mons unexecuted because		; or
	☐ Other (specify):			
	My fees are \$	for travel and \$	for services, for a total of \$	0.00
	I declare under penalty	y of perjury that this information is	s true.	
Date:				
			Server's signature	
			Printed name and title	
			Server's address	

Northern Bistrict of only			
Joanne Grace	) ) )		
Plaintiff(s)  V.  Steward Health Care System, LLC	) ) Civil Action No. ) )		
Defendant(s)	) )		
SUMMONS IN	A CIVIL ACTION		
To: (Defendant's name and address) Christina Stanko 134 Potomac Ave Niles, Ohio 44446			
A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Chris P. Wido, Esq.  Spitz, The Employee's Law Firm  25852 Science Park Dr., Ste 200  Beachwood, OH 44122			
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.			
	CLERK OF COURT		
Date:	Signature of Clerk or Deputy Clerk		

Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (nar	ne of individual and title, if any)			
was re	ceived by me on (date)				
	☐ I personally served the summons on the individual at (place)				
			on (date)	; or	
	☐ I left the summons	at the individual's residence	or usual place of abode with (name)		
		, a pe	erson of suitable age and discretion who res	sides there,	
	on (date)	, and mailed a copy	to the individual's last known address; or		
		ons on (name of individual)		, who is	
	designated by law to	accept service of process on	behalf of (name of organization)		
			on (date)	; or	
	☐ I returned the sum	mons unexecuted because		; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalt	y of perjury that this informa	tion is true.		
Date:					
Dute.			Server's signature		
			Printed name and title		
			Server's address		

Northern District of Ohi	(
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Joanne Grace	) )
Plaintiff(s)  V.  Steward Health Care System, LLC	) ) Civil Action No. )
Defendant(s)	) ) )
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address) Carolyn Snowberger 4722 Durst Clagg Road, Cortland, Ohio, 44410	
A lawsuit has been filed against you.	
are the United States or a United States agency, or an offic	v Firm
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date:	
	Signature of Clerk or Deputy Clerk

Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (nar	me of individual and title, if a	ny)			
was re	ceived by me on (date)					
	☐ I personally served the summons on the individual at (place)					
			on	(date)	; or	
	☐ I left the summons	at the individual's reside	ence or usual place	e of abode with (name)		
		<del></del>		ole age and discretion who re		
	on (date)	, and mailed a	copy to the individ	dual's last known address; or		
		ons on (name of individual)			, who is	
	designated by law to	accept service of process	s on behalf of (name	e of organization)		
			on	(date)	; or	
	☐ I returned the sum	nons unexecuted becaus	e			; or
	☐ Other (specify):					
	My fees are \$	for travel and S	5	for services, for a total of \$	0.00	·
	I declare under penalt	y of perjury that this info	ormation is true.			
Date:						
Date.		_		Server's signature		
		_		Printed name and title		
		_		Server's address		